

**CALIFORNIA WOMEN, INFANTS,  
AND CHILDREN (WIC) PROGRAM**

**APPLICATION FOR AUTHORIZATION OF  
NEW VENDOR STORE**

PLEASE TYPE OR PRINT CLEARLY

FOR STATE USE ONLY

Vendor Authorization

Number \_\_\_\_\_

Vendor Contract Identification

Number \_\_\_\_\_

**VENDOR STORE INFORMATION**

1. Vendor Store Name

2. Vendor Store Telephone Number  
(      )

3. Store Street Address

City

County

State

Zip

4. Mailing Address *(complete only if there is no physical mail delivery to the vendor store address)*

City

State

Zip

5. When did the vendor ownership acquire this vendor store?

Month

Day

Year

6. a) Do you expect that more than 50 percent of this vendor store's annual food sales will be from WIC food instruments? ☐ Yes ☐ No

b) Does this ownership have one or more stores in its Vendor Agreement that derive more than 50 percent of its annual food sales from food instruments? ☐ Yes ☐ No

7. Is this store currently open for business? ☐ Yes ☐ No

8. Business Days and Hours of Operation

Monday

From: To:

Tuesday

From: To:

Wednesday

From: To:

Thursday

From: To:

Friday

From: To:

Saturday

From: To:

Sunday

From: To:

Identify Holidays Closed:

9. Number of Registers. Enter the TOTAL number of registers in your store.

Please refer to "Instructions on Counting the Number of Registers in Your Store".

☐ TOTAL Number of Registers

10. Does this store offer a variety of foods, including meat, poultry, fish; bread and cereal; vegetables and fruits; and dairy products stocked for sale? ☐ Yes ☐ No

11. Is this vendor store authorized to participate in the Food Stamp Program? ☐ Yes ☐ No

If yes, enter your Food Stamp Program Number:

If no, is this store currently disqualified from the Food Stamp Program? ☐ Yes ☐ No

If yes, enter period of disqualification: \_\_\_\_\_ to \_\_\_\_\_

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**VENDOR STORE INFORMATION (continued)**

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12. Enter your valid California Seller's Permit Number for the store you are applying for:

Check the box if this store will be selling only WIC authorized foods ☐

Note: A California Seller's Permit is not required if you are selling only WIC authorized foods in your store.

13. Enter the date this store passed a City or County health inspection:

Note: You must submit with this application a copy of your valid health permit or a copy of the health inspection report indicating that the store you are applying for is approved to open and operate.

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**VENDOR OWNERSHIP INFORMATION**

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14. Type of Ownership (*check one type*)

- ☐ Sole Proprietorship (**complete Attachment A**)
- ☐ Partnership (**complete Attachment A**)
- ☐ Limited Liability Company (**complete Attachment B; and Attachment D, if applicable**)
- ☐ Corporation (**complete Attachment C; and Attachment D, if applicable**)

15. Vendor Ownership Contact Person

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: (      ) \_\_\_\_\_

16. Federal Tax/Employee Identification Number (EIN):

17. In the past six (6) years, have any individual(s) in this vendor ownership, including partners, members, officers, or managers been convicted of a crime, or had a civil judgment entered against them for fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and/or obstruction of justice? ☐ Yes ☐ No

If yes,

- a) enter the name(s) of the individual(s)

\_\_\_\_\_  
\_\_\_\_\_

- b) describe the criminal conviction(s) and/or civil judgment(s) and the date(s). (Be specific)

\_\_\_\_\_  
\_\_\_\_\_

**INFANT FORMULA SUPPLIER REPORTING INFORMATION***Copy and Attach Additional Pages as Necessary*

18. The Child Nutrition and WIC Reauthorization Act of 2004 requires all authorized vendors to purchase infant formula from licensed wholesalers, distributors, retailers, or FDA approved manufacturers. Provide the following information for every supplier of infant formula for this store.

<b>Check One:</b> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer		
Infant Formula Supplier Name		
<b>Supplier's Valid CA Seller's Permit Number</b> (Not required if FDA approved manufacturer)		<b>Contact Person</b>
Address		Suite/Unit
City/State	Zip Code	Telephone (     )
If this is an <u>OUT OF STATE</u> infant formula supplier, you <u>MUST</u> attach documentation from that state's WIC Program verifying that this supplier is recognized by that state as being an authorized infant formula supplier. Documentation is <u>NOT</u> required for FDA approved manufacturers.		

<b>Check One:</b> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer		
Infant Formula Supplier Name		
<b>Supplier's Valid CA Seller's Permit Number</b> (Not required if FDA approved manufacturer)		<b>Contact Person</b>
Address		Suite/Unit
City/State	Zip Code	Telephone (     )
If this is an <u>OUT OF STATE</u> infant formula supplier, you <u>MUST</u> attach documentation from that state's WIC Program verifying that this supplier is recognized by that state as being an authorized infant formula supplier. Documentation is <u>NOT</u> required for FDA approved manufacturers.		

## APPLICATION FOR AUTHORIZATION – NEW VENDOR STORE (CONTINUED)

### CERTIFICATION

19. I am applying for authorization to participate in the California WIC Program.
- I have read and understand the laws and regulations that govern the WIC Program; Title 7, Code of Federal Regulations, Part 246; California Health and Safety Code, Section 123275 et sequitur; Title 22, California Code of Regulations, Section 40601 et sequitur.
- All business owners, including all employees, will comply with WIC Program regulations and Vendor Agreement requirements.
- I understand that the California WIC Program may terminate my authorization to participate for any violation(s).
- I understand that the California WIC Program may terminate my authorization to participate for any change of ownership, change of vendor store location, or cessation of operations.
- I understand that I have the right to appeal the denial of my authorization by the California WIC Program within 30 days of written notice.
- All the information in this application including all attachments is true. I understand that providing any false information may result in the California WIC Program denying or terminating my authorization to participate.

**I am the sole owner, a partner, corporate officer, LLC member/manager, and I have legal authority to contract for this vendor ownership.**

<b>Signature:</b>	<b>Printed Name:</b>
<b>Title:</b>	<b>Date:</b>

### PRIVACY ACT STATEMENT

This information is requested by the California Department of Public Health, Women, Infants and Children (WIC) Program. The collection of this information is authorized by Section 40735 of Title 22 of the California Code of Regulations and will be used to determine whether a store qualifies to participate in the WIC Program; to monitor compliance with Program regulations; for Program management; and to enforce penalties and sanctions as authorized by statute and regulation. The provision of the requested Social Security Number (SSN) is voluntary. The SSN may only be used to identify all WIC-authorized stores and to locate owners in WIC Program enforcement actions. Information may be provided to the State Controller's Office, U.S. Department of Agriculture (USDA) and the State Attorney General.

### PROGRAM CONTACT

For more information, to request access to your records, or to submit your application, contact the WIC Program, Vendor Management Branch, P.O. Box 997375, Sacramento, CA 95899-7375, (916) 928-8705.

**APPLICATION FOR AUTHORIZATION – NEW VENDOR STORE (CONTINUED)**

**ATTACHMENT A**

**TO BE COMPLETED BY A SOLE PROPRIETORSHIP OR PARTNERSHIP ONLY**

*Copy and Attach Additional Pages as Necessary*

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**SOLE PROPRIETORSHIP**

Sole Owner Name		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (       )	

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**Enter cessation date of the Partnership, if applicable** \_\_\_\_\_

**PARTNERSHIP (*List ALL Partners*)**

Partner Name		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (       )	

Partner Name		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (       )	

Partner Name		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (       )	

Partner Name		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (       )	

**I am the sole owner or partner, and I have legal authority to contract for this vendor ownership.**

Signature:	Print Name:
Title:	Date:

# APPLICATION FOR AUTHORIZATION – NEW VENDOR STORE (CONTINUED)

## ATTACHMENT B

TO BE COMPLETED BY A LIMITED LIABILITY COMPANY ONLY

*Copy and Attach Additional Pages as Necessary*

Enter dissolution date of the Limited Liability Company, if applicable \_\_\_\_\_

### LIMITED LIABILITY COMPANY (List All Members and Managers)

Company Name		Company Telephone Number (      )
Mailing Address		Company Contact Person
City and State	ZIP Code	Contact Person's Telephone Number (if different from above) (      )

Name		<div>Check One</div> <input type="checkbox"/> Manager <input type="checkbox"/> Member		Social Security Number (Optional)
Mailing Address		Driver's License Number or Identification Number		State
City and State	ZIP Code	Telephone Number (      )		

Name		<div>Check One</div> <input type="checkbox"/> Manager <input type="checkbox"/> Member		Social Security Number (Optional)
Mailing Address		Driver's License Number or Identification Number		State
City and State	ZIP Code	Telephone Number (      )		

Name		<div>Check One</div> <input type="checkbox"/> Manager <input type="checkbox"/> Member		Social Security Number (Optional)
Mailing Address		Driver's License Number or Identification Number		State
City and State	ZIP Code	Telephone Number (      )		

Name		<div>Check One</div> <input type="checkbox"/> Manager <input type="checkbox"/> Member		Social Security Number (Optional)
Mailing Address		Driver's License Number or Identification Number		State
City and State	ZIP Code	Telephone Number (      )		

Name		<div>Check One</div> <input type="checkbox"/> Manager <input type="checkbox"/> Member		Social Security Number (Optional)
Mailing Address		Driver's License Number or Identification Number		State
City and State	ZIP Code	Telephone Number (      )		

**I am an LLC member/manager, and I have legal authority to contract for this vendor ownership.**

Signature:	Print Name:
Title:	Date:

# APPLICATION FOR AUTHORIZATION – NEW VENDOR STORE (CONTINUED)

## ATTACHMENT C

TO BE COMPLETED BY A CORPORATION ONLY

*Copy and Attach Additional Pages as Necessary*

### CORPORATION (List All Corporate Officers)

Corporation Name		Corporate Telephone Number (      )
Mailing Address		Corporate Contact Person
City and State	ZIP Code	Contact person's Telephone Number (if different from above) (      )

Chief Executive Officer		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (      )	

Chief Financial Officer		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (      )	

Secretary		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (      )	

Officer Name	Title	Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (      )	

Officer Name	Title	Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (      )	

I am a corporate officer, and I have legal authority to contract for this vendor ownership.

Signature:	Print Name:
Title:	Date:

**APPLICATION FOR AUTHORIZATION – NEW VENDOR STORE (CONTINUED)**

**ATTACHMENT D**

**TO BE COMPLETED BY A PARENT COMPANY ONLY**

**IF A LIMITED LIABILITY COMPANY OR CORPORATION HAS A PARENT COMPANY(IES),  
SUPPLY THE FOLLOWING INFORMATION:**

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**PARENT COMPANY(IES)**

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

**I am a corporate officer or LLC member/manager, and I have legal authority to contract for this vendor ownership.**

<b>Signature:</b>	<b>Print Name:</b>
<b>Title:</b>	<b>Date:</b>